



Application Data Sheet

Application Information

Application number::	10/803,784
Filing Date::	March 18, 2004
Application Type::	Regular
Subject Matter::	Utility
Title::	INTERDICTION OF UNAUTHORIZED COPYING IN A DECENTRALIZED NETWORK
Attorney Docket Number::	241/5
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	UNITED STATES
Status::	Full Capacity
Given Name::	JAMES
Middle Name::	
Family Name::	MOORE
City of Residence::	Santa Clara
State or Province of Residence::	California
Country of Residence::	United States
Street of Mailing Address::	2830 DE LA CRUZ
City of Mailing Address::	SANTA CLARA
State or Province of mailing address::	CA

Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: WILLIAM
Middle Name::
Family Name:: BLAND
City of Residence:: Santa Clara
State or Province of Residence:: California
Country of Residence:: UNITED States
Street of Mailing Address:: 2830 DE LA CRUZ BLVD
City of Mailing Address:: SANTA CLARA
State or Province of mailing address:: CALIFORNIA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: SCOTT
Middle Name::
Family Name:: FRANCIS
City of Residence:: SANTA CLARA
State or Province of Residence:: CALIFORNIA
Country of Residence:: UNITED STATES
Street of Mailing Address:: 2830 DE LA CRUZ BLVD
City of Mailing Address:: SANTA CLARA
State or Province of mailing address:: CALIFORNIA
Country of mailing address:: UNITED STATES

Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: NEIL
Middle Name::
Family Name:: KING
City of Residence:: Santa Clara
State or Province of Residence:: California
Country of Residence:: United States
Street of Mailing Address:: 2830 DE LA CRUZ BLVD
City of Mailing Address:: SANTA CLARA
State or Province of mailing address:: CALIFORNIA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 95051

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: JAMES
Middle Name::
Family Name:: PATTERSON
City of Residence:: SANTA CLARA
State or Province of Residence:: CALIFORNIA
Country of Residence:: UNITED STATES
Street of Mailing Address:: 2830 DE LA CRUZ BLVD
City of Mailing Address:: SANTA CLARA
State or Province of mailing address:: CALIFORNIA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: USHA
Middle Name::
Family Name:: SRINIVASAN
City of Residence:: SANTA CLARA
State or Province of Residence:: CALIFORNIA
Country of Residence:: UNITED STATES
Street of Mailing Address:: 2830 DE LA CRUZ BLVD
City of Mailing Address:: SANTA CLARA
State or Province of mailing address:: CALIFORNIA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES
Status:: Full Capacity
Given Name:: PAUL
Middle Name::
Family Name:: WIDDEN
City of Residence:: Santa Clara
State or Province of Residence:: CALIFORNIA
Country of Residence:: UNITED STATES
Street of Mailing Address:: 2830 DE LA CRUZ BLVD
City of Mailing Address:: SANTA CLARA
State or Province of mailing address:: CALIFORNIA
Country of mailing address:: UNITED STATES
Postal or Zip Code of mailing address:: 95050

Correspondence Information

Name Line One::	Patent DEPT
Name Line Two::	Macrovision.
Address Line One::	Patent Department
Address Line Two::	
City::	Santa Clara
State or Province::	CA
Postal or Zip Code::	95050
Telephone::	408-562-8424
Fax::	408-743-9659

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	35668	Jim H Salter
Primary	35973	VICTOR OKUMOTO
Primary	20696	George Almeida

Customer No.
31665

Domestic Priority Information

Application::	Continuity Type::	Parent Application	Parent Filing Date
60/514,430	Provisional		10/25/2003
60/518,691	Provisional		11/10/2003
60/528,466	Provisional		12/10/2003

Country::

Application Number::

Filing Date

Assignee Name::

MACROVISION CORPORATION

2830 DE LA CRUZ BLVD

SANTA CLARA

CALIFORNIA

UNITED STATES

Postal or Zip Code of mailing address:: 95050